



Fee Only

Application No. 09/992,131

2875
JFW

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on July 21, 2004.

Deborah A. Peacock, Reg. No. 31,649

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/992,131
Applicant : Fred J. Pinciario
Filed : November 15, 2001
Title : CHEMILUMINESCENT JEWELRY AND ACCESSORIES

TC/A.U. : 2875
Examiner : Sharon E. Payne

Docket No. : 31049-1001

Commissioner for Patents
United States Patent and Trademark Office
PO Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Action dated April 21, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings begin on page 10 of this paper and include an attached replacement sheet.

Remarks/Arguments begin on page 11 of this paper.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective ~~October~~ 1, 2003

Application or Docket Number

9/992131

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	35	Minus	** 30	= 5
Independent	1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

7/26/04

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 90	Minus	** 35	= 55
Independent	* 3	Minus	*** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	\$385
X\$9=	
X\$13=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	\$770
X\$18=	
X\$26=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$9=	45.00
X\$13=	
+145=	
TOTAL ADDIT. FEE	45.00

RATE	ADDITIONAL FEE
X\$18=	
X\$26=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$9=	\$495
X\$13=	20.318
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$26=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$26=	
+290=	
TOTAL ADDIT. FEE	